



TOWN OF EAST HAMPTON

APPLICATION FOR PUBLIC ACCESS TO RECORDS

NAME OF DEPARTMENT RETAINING RECORDS: _____

I hereby apply to inspect and/or receive copies of the following records: **Attach additional sheets if needed:**

I certify that the information requested will not be utilized in any manner tending to constitute an unwarranted invasion of personal privacy as same is declined and delineated by the terms and provision of Article 6 (Freedom of Information) of the Public Officers Law of the State of New York, and I further agree to indemnify and hold the Town of East Hampton harmless from any claim arising from any such unsanctioned use of the information requested.

NOTICE: I the undersigned agree that the information I am requesting and will receive will not be used for the purposes of solicitation or fund raising in accordance with New York State Freedom of Information Law (Section 89(2)(b), Subsection (iii))

Date: _____ Printed Name: _____

Telephone Number: _____ Signature: _____

Mailing Address: _____ E-Mail Address: _____

Note: There may be a fee/fees associated with this request in accordance with State Laws.

FOR DEPARTMENT USE ONLY

APPROVED / DISAPPROVED (Circle appropriate action)

- _____ Confidential Disclosure
- _____ Unwarranted Invasion of Personal Privacy
- _____ Record of which this agency is legal custodian cannot be found
- _____ Record is not maintained by this agency
- _____ Exempted by statute other than the Freedom of Information Act
- _____ Part of Investigatory Files
- _____ Other (specify)

Signature _____ Title _____ Date _____

If your request is denied, you have the right to appeal the denial of this application to the head of this department who must fully explain his/her reason(s) for such a denial in writing within seven business days of receipt of an appeal.